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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER	ASD		10/28/00
FORMALITY REVIEW	148	JC 916	11-27-00
RESPONSE FORMALITY REVIEW	request	925	04-11-01

INDEX OF CLAIMS

✓ ----- Rejected N ----- Non-elected
 ○ ----- Allowed I ----- Interference
 - (Through numeral) ----- Canceled A ----- Appeal
 + ----- Restricted O ----- Objected

Claim	Date
1	1/15/01
2	1/15/01
3	1/15/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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